The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME VIII SUMMER, 1952 No. 3

WATCH DOGS

The far from inconsiderable increases in the dues of the Massachusetts Medical Society that were needed to balance the large increase in operating expenses since the Society came of age, naturally have drawn the attention of many fellows to the supervision and control of finances. The Hoover report on Federal spending was prompted by a similar situation in the Nation.

The Middlesex South District Representatives did in fact submit a resolution at the February meeting of the Council that called for a review of the situation and proposed the creation of a Board of Trustees similar to that of the American Medical Association to handle the business of the Society. The Committee on By-Laws and Council Rules, upon reference by the President, considered the suggestions carefully. They also invited the Chairman of the Committee on Finance to sit in with them to furnish first-hand information and offer suggestions. Those of you who have heard Dr. Buck's report year by year know how faithfully he has served the Society and how persistently he has tried to keep the budget within reasonable limits.

After ample discussion, most of the Committee agreed that enough machinery already has been provided for the efficient running of the business of the Massachusetts Medical Society including finance. It seemed to the majority that instead of creating a new Board of Trustees of individuals that often might be out of touch with current problems, it would be preferable to enlarge the Finance Committee to seven Members and add authority by requiring a two-thirds vote to override their decisions as to expenditures. In this way the Council would not be shorn of a time-honored prerogative, yet excessive spending could be checked.

One of your editorial board, a member of the Committee on By-Laws and Council Rules also has sat on the Advisory Board that consists of the five immediate past presidents. He therefore is in a position from actual experience to give advice in the matter. He believes that a committee composed of the participants in daily activities would be in a better position to make decisions than a Board of Trustees. It is hoped that you will study this proposition and then instruct your Councilors so that they may vote as you wish.

Finally, it is a pleasure to pass on the good word that at the end of the last fiscal year since the opening of the new Headquarters, the expense for committee luncheons at the Harvard Club were reduced roughly by two-thirds, that is from over $3,000 to a little more than $1,000. Relations too with Dr. Conlin's department and his new Supervising Committee are quite amicable, a hopeful augury for a well-planned budget for next year. To top it off, there was a balance with all bills paid of some $300 on May 31st, 1952. Hence, the urgency of action has been modified.

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

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HAGLER AHOY!

Once again the Hampden District has been honored by the selection of a worthy Fellow to stand in line for the high office of President of the Massachusetts Medical Society. The new President-Elect, Frederic Hagler our esteemed Springfield surgeon, well deserves this recognition. The Hippocrat does not hesitate to speak for the membership at large when voicing congratulations and hopes for a successful two years of service to us all through the State organization.

In gentle Fred's behalf we might well echo Wordsworth's petition to the powers that be,

"Oh! give us once again the wishing-cap
of Fortunatus, and the invisible coat
Of Jack the Giant-Killer, Robin Hood
And Sabra in the forest with St. George!"

But in reality, we need summon only General Robert and urge Fred to assimilate as well as he may that little dull red Book on Rules of parliamentary procedure. To be or not to be debated, in order or out in left field—those not seldom but often are certain to be the questions he must decide on the drop of a lash, and rightly too. Oh yes, one thing more—he should take a handful of pebbles when he walks by the shore and try to shout down the sea with them in his mouth. It has been done (Circa 350 B.C.).

We are with you Fred, certain that you will do another good job—with you to the last man; and we shall voice our pride and our good wishes to the last decompensated gasp! Evoe! Tallyho!! And three long cheers!!! S. Q. Lapius

SELECTION OF DELEGATES

Among other items Councilors at the October meeting will vote on another change in the By-Laws that was introduced by the Worcester District, namely that Delegates to the stated meetings of the American Medical Association be nominated by the Committee on Nominations instead of by the President as has been the custom for many years. The proposed method, it was argued by Dr. Scarcello who was invited to attend the Committee on Rules to present the Worcester views and by Dr. Carl Bearse of the Committee, that it would be more democratic and more representative of the entire Society because of the Statewide makeup of the Nominating Committee.

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HAROLD QUIMBY GALLUPE
1889-1952

The physical limitations of mortal and vulnerable flesh no longer can torture the brave spirit of Quimby Gallupe, first full-time Secretary of the Massachusetts Medical Society. His suffering is at an end. His work is done and exceptionally well done. Indeed he set a praiseworthy example for other secretaries to emulate.

The business of the Secretariat was brought through his persuasive skill from the delay and inadequacy of part-time service to a perfectly functioning up-to-the-minute efficiency. He showed marked talent for organization and very good judgment in selecting his assistants. Above all, he by his kindly spirit was able to weld all the parts into a workable unit. Letters have been answered promptly, and committee meetings arranged with a minimum of conflict. Agenda were prepared and printed and rules of order mastered so that presiding officers came more and more to lean on our Secretary's well-grounded strength, and meetings were run off on time. Yes, each Fellow of the Society has benefited in one way or another by Dr. Gallupe's effort in our behalf.

He will be sorely missed for all of these accomplishments. But most of all, our medical world will miss the integrity of this warm-hearted understanding soul who was a friend to so many men, particularly to those who had had less favorable opportunities for preparation. The Gallupe Plan for them will be his lasting monument.

We who knew Quimby well must share in the bereavement of those closest to him as we do in the happy memories that are associated with his name. We wish him well and with abounding confidence wherever the next assignments await our good friend.

E.P.B.

However, all of the other members of the Committee on By-Laws are against the Worcester resolution for the following reasons: (a) the privilege of nominating other delegates from the floor at regular meetings of the Council already is guaranteed in the By-Laws; (b) that it would be much more feasible for one man instead of nineteen to ascertain the qualifications of candidates, including willingness and the ability to take off enough time to travel and to participate in meetings of the House, and to accept Committee assignments; (c) it might easily lead to political log-rolling that could bias the Nominating Committee to the detrimen of impartial judgment.

With the exception noted, the Committee on Rules unanimously believe that while the present method at first glance is less democratic than the one proposed, in the end it would more nearly achieve a democratic result, that is one that favored the best interest of the demos because of the great opportunity for information and advice that is available to the President but would not be to scattered Councilors. What do you think?

After a full and free debate the suggestion was made that if the By-Laws should be altered to require the President to request nominations for Delegates from each District Society before preparing his slate, the desire of individual Districts to have a hand in the nominations would be achieved and the advantages of the present procedure would remain unimpaired.

Think over these problems, then instruct your Councilors. In extenuation of the system that has been inherited, we would point out the long and capable service in the House of Delegates of the late Dr. Charles Mongan and that of Dr. Leland McKittrick. Each took much time from his busy practice to do an excellent job for the Massachusetts Medical Society. Lastly, unfortunate exceptions to the rule of satisfactory representation will occur under any system of selection.

MEDICAL READER

Now that Summer finally has come around that corner and spating rivers have returned to their channels, more than a few Fellows might like to consult a pocket-sized volume bound in bright red paper, entitled "Adventures in Good Eating," the price of potatoes to the contrary notwithstanding. The self-appointed Taster is a gas-propelled gourmet (before eating) who hails from Bowling Green, Kentucky. Duncan Hines does get around, and where he cannot, thousands of volunteer scouts check for him on eating and sleeping possibilities. A multitude of items are included, from the Baranof Hotel in Juneau, Alaska, specializing in king salmon, crabs and clams, to Zeller's Steakhouse in Wheeling, West Virginia or, if you prefer, the Cheyenne, Wyoming, Hitching Post where Rocky Mountain rainbow trout induce salivation. But one should echew champagne with fish if one would remain *au courante* or one of the *cognoscenti* like guide Hines. Available at Booksellers together with the companion volume on beds as well as breakfasts.

Speaking of little red books, the volume that we recommend for presidents-elect and such is not new, or at least need not be new since secondhand bookstores usually have plenty of them at reduced prices. Nor is it bright red, but dull, very dull indeed—more liverish and anemic than the color of good red blood. The author, Henry M. Robert, a General in the United States Army, one of the engineers in fact, brought out in 1876 for use

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in the United States Congress an epitome of the rules and order and debate adapted from customs and precedents observed in the English Parliament.

The orderly mind of the General apparently was shocked at the liberties taken in debate under the dome of the Capitol. Most Americans, obviously, are and always have been lacking in respect shown for customs, fixed habits and prescribed uniforms that are held sacred by Britons wherever they are settled. Medical debate, could he have heard it, in almost any stated meeting anywhere, even in this enlightened century, would have distressed him much more.

The book of Rules has been revised and reissued several times since Scott Foresman & Co. first published it in Chicago. The General claimed in 1915 that there must be some need for the book since more than a half-million copies had been sold. He could not have foreseen the uncounted numbers of well-fed Mmes. chairmen from coast to coast, as pictured by the late-lamented Helen Hokinson, were destined to cherish their own individual copies as their insignia of office. Or did they borrow them? You might do the same.

HEART SOUNDS OF STEELE

The Western Chapter of the Massachusetts Heart Association has inaugurated their Work Classification Unit for Cardiacs. With the cooperation of the Springfield Academy of Medicine and the Hampden County District Medical Society, Dr. Herman Hellerstein has been invited to describe the operation of the Cleveland Work Classification Unit in the fall to clarify the ideas of many physicians, employers and other interested persons concerning this project.

The program is patterned after that suggested by the American Heart Association and is a modification of the Work Classification Unit of Bellevue Hospital, Cleveland Cardiac Classification Unit and that of the St. Joseph's Hospital in Newark, New Jersey. This is not another project to take patients away from physicians but is rather a consultation service in which the referring physician is included, and patients, as will be noted later on in the discussion, are referred only by a physician or a recognized Social Agency, and are returned to the private medical care for any treatment which is prescribed.

The following is the program that has been accepted by our Board of Directors. The suggestions, criticism and cooperation of the fellows is sought.

The problem of the Work Classification Clinic and that of the Rehabilitation program are similar in that each involves the hiring of people with heart disease and the disposition of individuals who developed heart disease while employed. The service we hope to render is designating what types of occupations are best suited to persons with heart disease. We also should learn what is the effect of various occupations on the course of heart disease. We should promote the use of existing facilities for vocational guidance and vocational rehabilitation, and in so far as possible working through them acquaint management with the work potentiality of the average cardiac patient, and encourage such patients. Certainly we must realize that with increasing span of life, the problem of the cardiac in industry must assume a more important role. The need for continued employment of partially handicapped is obvious. It has been brought out by Dr. Howard Rusk and others that the person with cardiac disease is slightly higher in absenteeism, but not in disabling work injuries and voluntary quit-rates. However, the difference between this group and those who have no disease were so slight that

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they were not considered significant, but this is more than compensated for by their increased efficiency and stability. A cardiac with a limited disability can be as productive as any other person, providing there is proper selective job placement. By this means, it will be possible for a disabled person to earn his own living; secondly, it will restore economic independence to a fellow human being, and it will also relieve a fellow worker of the burden of supporting that person.

Details will follow in the next Hippocrat.

George L. Steele

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A FOURTH MEDICAL SCHOOL

The population of these United States is increasing rapidly; the duration and the extent of this increase cannot be foretold, but it seems fair to assume that the trend will continue indefinitely. Changes and improvements will develop in medicine, so that it is impossible to calculate how many doctors will be required (actually or ideally) twenty-five or fifty years hence. Another fair assumption, however, is that the physician-to-population ratio should not decrease. The necessary increase in the number of doctors can, in our opinion, be most advantageously secured by a moderate expansion of existing medical schools.

The distribution of doctors is an entirely different problem. Governor Dever's commission alleges a shortage of physicians in Massachusetts, citing in proof thereof many vacancies in state hospitals and in the state Health Department. Failure to staff state hospitals may well be due to inadequate salaries, to living conditions, or any of a number of factors other than physician shortages. The New England Medical Journal points out editorially (June 12, 1952) that Massachusetts has almost the highest physician-to-population ratio of any state in the Union.

The legislative committee of the Massachusetts Medical Society is not convinced that there is a shortage of physicians in the Commonwealth, nor is it at all certain that the establishment of a medical school in Boston under the auspices of the University of Massachusetts would solve the alleged and apparent shortages. How could it guarantee to produce graduates trained in public health or anxious to become phychiatrists in mental hospitals?

Much more study and enlightened discussion should be given the proposal before any legislation is enacted. F. H.

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WASHINGTON SCENARIO

May 12, 1952. Bill introduced to House and referred to Committee on Ways and Means increasing benefits for 4,500,000 old age and survivor insurance beneficiaries; Section 3 specified that Federal Security Administrator should determine what constitutes permanent and total disability in persons covered by the provisions, hence could let in Socialized Medicine through the loophole.

May 14, 1952. Printed copies of the bill just made available.

May 16, 1952. Bill considered by Committee and reported favorably, *without public hearings.*

May 19, 1952. Action on bill asked under a suspension of rules (debate limited to 40 minutes, amendments prohibited, vote only on passage, a two-thirds majority required). The A.M.A. objected to Section 3. Representatives were so informed; also to the trickery employed by Social Security railroaders.

Vote: 149 for passage; 140 against; bill lost.

Administration now trying to convince frustrated beneficiaries that the A.M.A. is solely responsible. Representative John W. McCormick of Massachusetts, Democratic leader in the House, severely criticized the A.M.A. for exerting "the greatest exhibition of pressure."

Washington Press Comment: "Oscar Ewing and his Socialized Medicine gang thought that, even if their sneak play was detected, the House would swallow it rather than vote against the pension increase. . . ."

Echo from the refurbished White House interpreted as: "The A.M.A. hates the administration worse than it hates the devil. . . . I'll give it to 'em for their advertising expenditures on my "whistle stop tour!"

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GERIATRICALLY SPEAKING . . .

Dear Hippocrat:

In my early years of practice, back in 1895 or thereabouts, I became acquainted with Dr. Charles Carpenter, a man well along in years.

Modest, and well thought of by the community and local physicians, he felt, in speaking of people in general and their illnesses, that older people especially are prone to attacks from within.

The human body in its later years must be carefully tended just as any machine that has been used for a long time. It does not necesasrily wear out, but it may wear down even to a breaking point if we don't watch out. A new machine can be obtained but we cannot do that with our body. It is the only one we have and should be treated with the greatest of care since it cannot be replaced.

Adolph Franz, Holyoke, aetat 90 yrs.

Editor's Note:

A shining example to younger men the Senior Dr. Franz is still going strong, upright both in posture and in practice. We would welcome other such echoes from the past for the benefit of physicians of today. Elders please come forward!

Lydia Pinkham Official Retires

Otis S. Russell, superintendent of Lydia E. Pinkham Medicine Company, Lynn, Mass., has retired after fifty-six years of service with the company. Mr. Russell, who is 70 years old, began working for the company in 1896 labeling bottles for $3 a week, and set a company record for hand-wrapping 2,160 bottles in one day, according to Mr. Pinkham. (New York Times, June 15, 1952)

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Lewis Looks at Life

In the Spring of 1900 I began practice in a small country village in north-central Massachusetts, the only doctor in the town and a "locum tenens" for an established practitioner who wanted to spend the summer studying as the preliminary necessary to establishing himself as an Eye, Ear, Nose and Throat specialist in a neighboring small city, the following Fall.

I occupied his home and had the use of his horse and buggy. There were two kinds of buggies favored by physicians in those days, the Stanhope and the Goddard. I was always a "Goddard" man. Currying and feeding the horse and occasionally washing off the thickest of the ever plentiful mud, was part of the job.

There was no near drug or apothecary shop and it was necessary to anticipate evil by ordering all medicines and surgical supplies likely to be needed, well in advance, from Boston. No detail men came around and there was very little mail advertising.

Two wood-working mills and a railway junction at this village produced considerable emergency surgery. Little was attempted in the way of local anesthesia. Syringes were made of metal with leather washers. The needles were screwed on, also with leather washers. They usually squirted backwards almost as much as forward. The first improvement was a glass syringe having a piston equipped with an asbestos packing and a ground needle joint. A solution of cocaine was the only local anesthetic. This was also used topically to mucus membranes. Most patients were stoics in those days and few made any fuss about what they considered unavoidable pain. If the operation warranted, the patient was given ether or chloroform—usually the latter, because it was quicker and pleasanter. Ether was used, generally administered, in a cone extemporized from a newspaper and a towel. Chloroform was dropped on an open mask carefully. If the patient suddenly stopped breathing, the procedure was to reach down and quickly dilate the anal sphincter with the fingers. I can recall many such instances.

I have, among a collection of discarded instruments, a pair of clamps made to attach to the side of the then common wooden bedsteads. Uprights were inserted and held in them to which a woman about to be delivered with forceps could be strapped. The subject was placed crosswise of the bed. The doctor first induced the anesthesia and then relinquished the mask to any attendant or member of the family present and hustled around to the opposide side to do his work. The repairing of a perineum was mostly "By guess and by God" because of faulty illumination, sterilization and after care. But we always made the attempt when there was appreciable laceration and got credit for "sewing her up" irrespective of the result. The commonest operation in the hospital was repair of the cervix and perineum. Many ailments were attributed to scar tissue in the cervix.

Long hours had to be spent with our maternity cases because of the lack of telephones and the comparative slowness of transportation. A $15 fee was good payment, even with an operative delivery. The nearest hospital was a long distance by horse and few patients ever went to them. Maternity hospitals were unknown except in the large cities. We had to sweat it out as best we could and Allah was usually merciful and compassionate.

No excuses were even thought of to evade night calls. Many times I have come down in response to the jingling

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doorbell to pull the aching tooth of a farmer. A complete set of dental forceps was part of our necessary equipment. The fee for this frequently difficult and disagreeable job was 25c. But every one paid and, during my six months in this village I lost not a cent from unpaid bills. I carried a bigger roll (there was no available bank to put it in) than I have ever done since.

Anticipating marriage and children I decided I wanted to establish myself in a larger place and came to Springfield during the following October. I found a first floor, corner apartment with seven rooms, within a hundred yards of where I am now sitting at 2335 Main Street. The rent was $12 a month. In consideration of two dollars more, a hot air furnace was installed. I had a sign painted and nailed it up myself on Halloween evening and awaited business. My total business and income for the following month, during which, incidentally, I was married, was one office call for which I received one dollar. This was from an occupant of the building and, I surmise was occasioned more by a desire to give my place and self the "once over" than by the headache complained of. A bicycle was used for errands and I religiously walked out daily with my bag. Always briskly. (More to come)

Seth Ames Lewis, aetat 74

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